

Science and Man

'What Can Be Done To Protect You from Your Doctor?'

By JOSHUA LEDERBERG
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"The problem is 'what can be done to protect you from your doctors?'" is a quotation attributed to Dr. James L. Goddard, Commissioner of the Food and Drug Administration, according to a UPI dispatch from a Senate Committee hearing February 29th. The pharmaceutical industry has become accustomed to the baiting implied by remarks like these, but the medical profession is a more powerful constituency, and reacts more vehemently to such aspersions. The problem is, did Dr. Goddard cast them?

Dr. Goddard's testimony before Senator Gaylord Nelson's committee is now available from the official record. It is indeed unfortunate that this will not receive the publicity accorded to this one paraphrased sentence, for it is a thoughtful analysis of the problem of reasonable regulation in an area where the individual physician must retain the special confidence of his patient: each case of illness is unique, and it would be impossible to legislate conclusive rules for the use of a potentially life-saving drug.

His actual language, in context, is available from the official transcript. It follows a dialogue in which Benjamin Gordon of the Senate subcommittee staff was pressing Dr. Goddard about controlling the distribution of chloramphenicol. This is a valuable antibiotic for certain specific diseases, but has been found to have dangerous side effects. Too little is known about these, but between ten and 100 patients

per million who received chloramphenicol have suffered from a serious, often fatal form of drug-induced anemia. This hazard has been widely discussed for the past fifteen years. Nevertheless, it is assumed that many physicians have inprudently prescribed it, judging from a much larger market in chloramphenicol than could have any reasonable medical justification.

Dr. Goddard remarked: "Well, I would like to ask you, Mr. Gordon, what it is you propose be done. I am at my wits' end as to what can be done within the authority and the philosophy of what FDA is supposed to be doing?"

Gordon: "I know you do not have the authority. But . . . we are not in very good shape."

Dr. Goddard: "What you are talking about basically is what protection do you have from your doctor. Now, I do not think you can legislate that. In the long run, I do not think you can regulate good practice of medicine."

Sen. Nelson: "I do not think anybody is suggesting that, really."

The transcript should give a reassurance to the medical profession that was lacking from the hasty news reports. Its sacred cows are not going to be tethered quite so peremptorily either by senators or by government officials. There is, furthermore, another lesson here in political rhetoric: never comment thoughtfully about a proposal. Advocate, evade or denounce; there is no middle

way. Frank talk about "wits' end" or "brainwashed" is also dangerous, but perhaps only if you are running for the presidency.

The facts cited in Dr. Goddard's testimony have raised a question, whether he cares to pursue it or not. The FDA's meticulous requirements about advertising have become contraproductive, when every incidental report of side effects of a widely used drug must be added to the fine print. The self-education of physicians is the only way a patient can be protected from them, and the system itself is inherently unsound when many doctors get most of their information about new drugs from profit-oriented salesmen. It will not be improved if the nation stresses number and neglects quality in medical education.

In the long run, the medical profession itself must tune up its rusty machinery of self-discipline if we are to avoid a stifling overlay of government regulation.